

# Annual Report of Operations for Year 2016

JAN 2 5 2017

U.S. EPA REGION 10

OFFICE OF WATER AND WATERSHEDS

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

| NPDES # for your Facility: WAG 130022   |
|---|
| Facility & Owner Information  |
| Facility Name: Quilcene National Fish Hatchery  |
| Operator Name (Permittee): U.S. Fish and Wildlife Service   |
| Address: 281 Fish Hatchery Road<br>Quilcene, Washington 98376   |
| Email: dan_magneson@fivls.gov Phone: (360)-765-3334 ext.3   |
| Owner Name (if different from operator):  |
| Email: Phone:   |
| Best Management Practices (BMP) Plan  |
| Has the BMP Plan been reviewed this year? 🗵 Yes 🗌 No  |
| Does the BMP Plan fulfill the requirements of the General Permit? X Yes \( \subseteq \) No                |
| Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary. |
|   |



#### **Operations and Production**

Total harvestable weight produced in the past calendar year in pounds (lbs): 28,384 Pounds of food fed to fish during the maximum month: 4048

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

| Species     | Fish<br>Produced | Receiving Water(s) to which Fish were Released                          | Month Released/<br>Spawned |
|-------------|------------------|---|----------------------------|
| Coho Salmon | 8,724 Bs.        | Coho Ple-smolt Trunsfes-the Skokomish<br>Tribal Net Pen in Quildene Bay | March 2016                 |
| Coho Salmon | 23,07/1/3.       | On-Station Coho Smalt Release- Billcene                                 | April 2016                 |
|             |                  |   |                            |
|             | ,                |   |                            |
|             |                  |   | *                          |
|             |                  |   |                            |
|             |                  |   |                            |

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

| Month    | Total Fish (lbs) | Fish Feed (lbs) | Month     | Total Fish (lbs) | Fish Feed (lbs) |
|----------|------------------|-----------------|-----------|------------------|-----------------|
| January  | 24,837           | 1707/2          | July      | 10,379           | 2200            |
| February | 28,462           | 3020            | August    | 14,920           | 4048            |
| March    | 33,682           | 3227/2          | September | 16,169           | 2200            |
| April    | 26,607           | 35921/2         | October   | 18,184           | 1760            |
| May      | 5,765            | 1892            | November  | 19,486           | 1628            |
| June     | 8,105            | 1760            | December  | 21,346           | 1511            |

| Additional Comments: No Medicaled Feeds | Used A+ | All-Just | Regular |
|---|---------|----------|---------|
| Production Run Feed.                    |         |          |         |

## **Solid Waste Disposal**

Describe the solid waste disposed of during the calendar year (including fish mortalities).

| Date Disposed | Location Disposed |
|---------------|-------------------|
| May 2016      | On-SHE            |
|               |                   |
|               |                   |
|               |                   |
|               |                   |
|               |                   |

#### **Fish Mortalities**

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

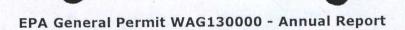
|                    | Date          | Cause of Deaths | Steps Taken to Correct Problem | Pounds of Fish |
|--------------------|---------------|-----------------|--------------------------------|----------------|
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
|                    |               |                 |                                |                |
| litional Comments: | litional Comm | onte            |                                |                |

## **Noncompliance Summary**

| Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary. |
|--|
| No Non Compliance Events in Calendar<br>Year 2016.   |
| Year 2016.   |
|  |
|  |
|  |
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|  |

## Inspections & Repairs for Production & Wastewater Treatment Systems

| Date Inspected | Date Repaired             | Description of System Inspected and/or Repaired  |
|----------------|---------------------------|--|
| May 2016       | No Repairs were<br>Needed | Inspected: Intukes, Settling Basins (all),<br>Paceural Banks, Fish Ladder and Receiving<br>Channel, Drain Pit. |
|                |                           |  |
|                |                           |  |
|                |                           |  |
|                |                           |  |
|                |                           |  |



## **Aquaculture Drugs and Chemicals**

Please indicate whether you used each drug/chemical **during the past calendar year**. Describe the use of each drug/chemical in more detail on the following pages.

| Used in the past year? | Drug or Chemical  |
|------------------------|---|
| □ Yes<br>☑ No          | Azithromycin  |
| □ Yes<br>☑ No          | Chloramine-T: See additional reporting requirements on page 7   |
| □ Yes<br>☑ No          | Chlorine  |
| ☐ Yes<br>☑ No          | Draxxin   |
| □ Yes<br>⊠ No          | Erythromycin - injectable   |
| □ Yes<br>■ No          | Erythromycin - medicated feed   |
| □ Yes<br>⊠ No          | Florfenicol (Aquaflor)  |
| ĭ Yes<br>□ No          | Formalin - 37% formaldehyde: See additional reporting requirements on page 7                                      |
| □ Yes<br>☑ No          | Herbicide - describe:   |
| □ Yes<br>⊠ No          | Hormone - describe:   |
| □ Yes<br>⊠ No          | Hydrogen Peroxide: See additional reporting requirements on page 7  |
| ⊠ Yes<br>□ No          | lodine: See additional reporting requirements on page 7   |
| □ Yes<br>⊠ No          | Oxytetracycline   |
| □ Yes ☑ No             | Potassium Permanganate: See additional reporting requirements on page 7   |
| □ Yes  ☑ No            | Romet   |
| □ Yes<br>☑ No          | SLICE (emamectin benzoate)  |
| □ Yes<br>▶ No          | Sodium Chloride - salt  |
| Yes<br>□ No            | Vibrio vaccine No discharged at hatchery - slowly excharged entitle to Quilcenc Bay Net Pen by pumping salturate. |
| □ Yes<br>□ No          | Other:  |
| □ Yes<br>□ No          | Other:  |

#### Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

| Brand Name: 8 . 1  | 21 . (   | Generic Name:   | (3/171)  |
|--|--|---|--|
| Brand Name: Western  |  | Uvadini.  | e (fV) Lodine)   |
| Reason for use: Main H   | atchery Building   |   | olus general disinte   |
| <ul><li>☑ Preventative/Prophylactic</li><li>☑ As-needed</li></ul>      | Total quantity of formulated product per treatment (specify units): (860 mLS | Total quantity of formulated p (specify units): 133/43                          |  |
| Date(s) of treatment: Each o<br>Janvory, February; Sep                 | otember-December to  | len 6 times to<br>isinfect incubation<br>by after fish moved<br>o lacewys       | Total number of treatments in past year:   |
| Maximum daily volume of treated water:  13 gallons                     | Treatment concentration (specify units):                                     | Duration and frequency of treat  30 minutes                                     |  |
| Method of application:   | <ul><li>X Static Bath</li><li>☐ Flow-through</li></ul>                       | ☐ Medicated Feed ☐ Other (describe):  |  |
| Location in facility chemical<br>was used<br>(check all that apply):   | ☐ Raceways  ☑ Incubation building  | ☐ Ponds ☐ Off-line settling basin   | Other (describe):  |
| Where did water treated with this chemical go? (check all that apply): | ☐ Discharged w/o treatment ☐ Settling basin                                  | ☐ Septic System ☐ Publicly owned treatment works                                | ☐ Other (describe):  |
|  | on about how this chemical was u   |   | evention practices during use:   |
| Brand Name: Western C  | Chemical   |   | Idine  |
| Reason for use: Disinfec   | tion of tish cultu   | re implements (   | pend brooms, most net:   |
| Preventative/Prophylactic As-needed                                    | Total quantity of formulated product per treatment:                          |   | eroduct used in past year  |
| Date(s) of treatment: Janu<br>Spring weekends a                        | asy 2 - December 30  | of December.  | Total number of treatments in past year: 274 day 5                               |
| Maximum daily volume of treated water: 8,379 gallons                   | Treatment concentration (specify units):  0.00000107 gallons                 | Duration and frequency of treat A quick dip 1                                   |  |
| Method of application:   | ☐ Static Bath  M Flow-through  | ☐ Medicated Feed☐ Other (describe):   |  |
| Location in facility chemical<br>was used<br>(check all that apply):   |  | ☐ Ponds ☐ Off-line settling basin   | Other (describe):  |
| Where did water treated with this chemical go? (check all that apply): | <ul><li>☑ Discharged w/o treatment</li><li>☑ Settling basin</li></ul>        | ☐ Septic System ☐ Publicly owned treatment works                                | ☐ Other (describe):  |
| Provide any additional informate when cleaning Pace Moltality on non-  | ion about how this chemical was in ways, discharged to cleaning clays, to    | used and/or special pollution pro-<br>Settling Basin -<br>receiving channel, do | evention practices during use:<br>If merely removing<br>own fish ludder to river |
| 130.0009 gallons e<br>by 5,400 g.p.m flo                               | ach day. 24 raceway.   | and dip each of   | pend broom, most picke   |
| 150.0009 galons  | per dip into laceno  | y, dipped the occ   | gpm race v   |

Tacewof 1126 Cubic feet

## Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

| WESTEIN  | Chemical  | Generic Name: Parasit  |  |
|--|---|--|--|
| eason for use: Mainten   | nance of Adult Co   | sho Broaktock in Ca  |  |
| Preventative/Prophylactic  As-needed   | Total quantity of formulated product per treatment (specify units): 4.0 gallons   | Total quantity of formulated p (specify units): 32/3/  |  |
| Pate(s) of treatment:  August 17, 2016 - D   | December 2016 Wedn  | red then every Munday,<br>resologs of Fliday between<br>days including Halidays  | Total number of treatments in past year:   |
| Maximum daily volume of treated water:   | Treatment concentration (specify units):  | Duration and frequency of trea<br>Fridays - 4 gallons<br>dispensed oxer 20 minu  | of each these days   |
| Method of application:   | Static Bath  Flow-through   | ☐ Medicated Feed☐ Other (describe):  |  |
| Location in facility chemical<br>was used<br>(check all that apply):   | <ul><li>■ Raceways</li><li>□ Incubation building</li></ul>  | ☐ Ponds ☐ Off-line settling basin  | Other (describe):  |
| Where did water treated with this chemical go? (check all that apply):   | ☐ Discharged w/o treatment  ■ Settling basin  | ☐ Septic System ☐ Publicly owned treatment works   | Other (describe):  |
|  | o Settling Basi   |  | C); POINT  |
| Brand Name: Hach   |   | Generic Name:<br>25569-00 Free Chlor   | C); POINT  |
| Brand Name: Hach Reason for use: Measure   | Monitor Free Chlor  | Generic Name:<br>25569-00 Free Chlor<br>vine Levels  | ine Reagent Set  |
| Brand Name: Hach   | Monitor Free Chlor<br>Total quantity of formulated<br>product per treatment:  | Generic Name: 25569-00 Free Chlorine Levels  Total quantity of formulated processing units):   | product used in past year  |
| Brand Name: Hach  Reason for use: Measure  Preventative/Prophylactic  As-needed  Date(s) of treatment:   | Monitor Free Chlor<br>Total quantity of formulated<br>product per treatment:<br>each set = 946 mLs.   | Generic Name: 25569-00 Free Chlorine Levels  Total quantity of formulated property units):   | product used in past year  ts = 9,460 m ks.  Total number of treatments in past year:  |
| Brand Name: Hach  Reason for use: Measure  Preventative/Prophylactic  As-needed  Date(s) of treatment:  Jawary (, 2016—  Maximum daily volume of treated water: in 24 hours,   | Monitor Free Chlor<br>Total quantity of formulated<br>product per treatment:  | Generic Name: 25569-00 Free Chlor Time Levels  Total quantity of formulated p (specify units): 10 sets of reagent  Duration and frequency of treat   | product used in past year  ts = 9.460 mLs.  Total number of treatments in past year:  Continuous   |
| Brand Name: Hach  Reason for use: Measure  Preventative/Prophylactic  As-needed  Date(s) of treatment:  Jawary 1, 2016—  Maximum daily volume of   | Total quantity of formulated product per treatment: each set = 946 mLs.  December 31, 2016  Treatment concentration (specify units):  | Generic Name:  25569-00 Free Chlorine Levels  Total quantity of formulated processing units):  10 sets of reagent  Duration and frequency of tree  Continuous 24 hours   | product used in past year  ts = 9460 mLs.  Total number of treatments in past year:  Continuous  atment(s):  |
| Brand Name: Hach  Reason for use: Measure  Preventative/Prophylactic  As-needed  Date(s) of treatment:  January (, 2016—  Maximum daily volume of treated water: in 24 hours, 1938, 240 gallens  | Total quantity of formulated product per treatment:  each set = 946 mLs.  December 31, 2016  Treatment concentration (specify units):  0.0000000000000000000000000000000000 | Generic Name:  25569-00 Free Chlorine Levels  Total quantity of formulated processing units):  10 sets of reagent  Duration and frequency of tree  Continuous 24 hour aweek  Medicated Feed  Other (describe):             | product used in past year  ts = 9,460 mLs.  Total number of treatments in past year:  Continuous  atment(s):  Is par day 7 days  Other (describe):  solution Building when it  |
| Brand Name: Hach  Reason for use: Measure  Preventative/Prophylactic  As-needed  Date(s) of treatment:  January 1, 2016—  Maximum daily volume of treated water: in 24 hours,  1938, 240 gallens  Method of application:  Location in facility chemical was used | Total quantity of formulated product per treatment:  each set = 946 mLs.  December 31, 2016  Treatment concentration (specify units):  0.0000000000000000000000000000000000 | Generic Name:  25569-00 Free Chlor  Time Levels  Total quantity of formulated process of reagent  Duration and frequency of tree  Continuous 24 hour  Medicated Feed  Other (describe):  Ponds  Off-line settling basin 7- | product used in past year  ts = 9.460 m Ls.  Total number of treatments in past year:  Continuous  atment(s):  rs par day 7 days  All Other (describe):  solution Building when it the just Domestic World!  Other (describe): |

Bosing

Bosin

One (flow)

5,400 9. Fm

6,400 9. Fm

## Aquaculture Drugs and Chemicals (cont'd) Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

| Stat   | ic Bath Treatments See Attacked She                                     | et           |
|--|---|--------------|
| Tank Volume  | 16/2" × 1821/2" × 5" egg trough   | Liters       |
| Desired Static Bath Treatment Concentration  | 75 ppm active solution  | μg/L         |
| Volume of Product Needed   |   | ers Product  |
| Maximum Effluent Concentration of:<br>1) Solution and 2) Active Ingredient               | Solution:  Active Ingredient:   | ecify Units  |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | 5,400 gallons per minute X 60 minutes > 24 hours = 7,776,000 gallons Sp | ecify Units  |
| Maximum % of Facility Discharge Treated  | all HVF Indine to   | l Discharge  |
| Flow-  | Through Treatments See Attached   | Sheet        |
| Tank Volume  |   | Liters       |
| Calculated Flow Rate   | Lit   | ters/Minute  |
| Duration of Treatment  |   | Minutes      |
| Desired Flow-Through Treatment<br>Concentration of Product                               |   | μg/L         |
| Amount of Product to Add Initially   | Lit   | ers Product  |
| Amount of Product to Add During Treatment  |   | mL/Minute    |
| Total Volume of Product Needed   | Lit   | ers Product  |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient                  | Solution: Active Ingredient:  | pecify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | 5,400 gallons per minute x 60 minutes x<br>24 hours=7,776,000 gallons s | pecify Units |
| Maximum % of Facility Discharge Treated  | 2.83% % of Tota   | al Discharge |
| lass cheaping of all 24 raceu  | ucts = 220,211 gailons to settling pend                                 |              |

#### 2016 ANNUAL REPORT FOR QUILCENE NATIONAL FISH HATCHERY

#### CHEMICAL USE IN FISH CULTURE

Western Chemical's Ovadine (PVP lodine): 1860 mls are used, equating to 0.49 gallons. This is routed to the selling basin and further diluted by the 355,348 gallons of water in the settling basin itself.

This is thus a 0.000001378 total product concentration, and for total active ingredient is 0.000000137

**Western Chemical's 1.75% lodine:** the highest concentration would be dipping mortality without pond cleaning. Since mortality is generally at the tail screens and at our 600 g.pm. flows per raceway it is quickly overflowed out of the raceway, it is being diluted by 9 raceways X 600 g.p.m. each = 5,400 g.p.m. aggregate flows. So 0.0009 gallons per dip of 1.75% lodine total product concentration is thus 0.000000166, and at its 1.75% active ingredient level is 0.000000002

**Western Chemical's Parasite – S:** this product is administered at a rate of 4 gallons over 20 minutes into 10,713 gallons of water within the raceway, which is in turn at 300 g.p.m. flows during treatment. So the treatment is .2 gallons per minutes into 300 g.pm. raceway inflows.

All is discharged down to the settling basin. So the entire 4 gallons of Parasite –S is received by 355,348 gallons of water down there, resulting in a maximum total concentration of 0.0113, or 0.0000042 for the active ingredient.

**Hach Free Chlorine Reagent Set:** we use 946 mLs. over 60 days; using the label, I could not determine how much of this product is active ingredient, so for worst case scenario I considered all of it active ingredient. The Hach CL-17 using these reagents runs 24 hours per day, and is mixed into approximately 3 c.f.s. of water, or 1,346 g.p.m. overflowing from the pre-settling basin also all 24 hours of the day.

Reagent use is thus 15.77 mLs per day, or 0.0042 gallons per day. This is discharged into 1,938,240 gallons of water over 24 hours, and yields a total concentration of 0.000000002.

The active ingredients for:

1.75% Iodine = 1.75% from Nonylphenoxypoly (ethyleneoxy) ethanol-iodine complex

PVP Iodine = 10% Povidone-Iodine Complex providing 1.0% minimum titratable iodine

Parasite – S = 37% formaldehyde

Effluent from the Main Hatchery Building (containing PVP lodine used in water-hardening freshly spawned eggs) and Parasite – S are routed to the EPA Pond as is Parasite – S from the adult holding ponds. The hatchery 100% switched away from the former use of Perox – Aid for treating adults during the 2016 season; the last use of Perox – Aid was during the 2015 adult holding period.

Both the PVP and 1.75% lodine solutions do not necessarily end up in the hatchery effluent, but are also used to disinfect raingear, waders and other equipment brought in by our partners before actual use at this station.

## **Changes to the Facility or Operations**

| Describe any changes to the facility or operations since the last annual report. |  |  |
|--|--|--|
| None.  |  |  |
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## Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| DADIN                          | Daniel M. Magneson               |
|--------------------------------|----------------------------------|
| Printed name of person signing | Title Assistant Hotchery Manager |
|                                |                                  |
| Applicant Signature            | Date Signed                      |

#### **Submittal Information**

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140